

United States Bankruptcy Court **VOLUNTARY PETITION**
DISTRICT OF MONTANA
GREAT FALLS DIVISION

Name of Debtor _____) **NAME OF JOINT DEBTOR** _____
In RE: TARA LYNN HILL)
) N/A
ALL OTHER NAMES _____) **ALL OTHER NAMES** _____
)
None) **NONE**
SOC. SEC./ TAX I.D. NO. _____) **SOC. SEC./ TAX I.D. NO.** _____
 (LAST FOUR DIGITS ONLY)) (LAST FOUR DIGITS ONLY)
 _____ - **8955**) _____ - _____
STREET ADDRESS OF DEBTOR _____) **STREET ADDRESS OF JOINT DEBTOR** _____
1923 CHICAGO AVENUE)
Black Eagle, MT. 59414)
COUNTY OF RESIDENCE _____) **COUNTY OF RESIDENCE** _____
CASCADE)
MAILING OF ADDRESS OF DEBTOR _____) **MAILING ADDRESS OF JOINT DEBTOR** _____
P.O. BOX 55)
BLACK EAGLE, MT. 59414)
 _____ **LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR**
 n/a

INFORMATION REGARDING DEBTOR

TYPE OF DEBTOR

Individual

NATURE OF DEBT

Non-Business/Consumer

A. TYPE OF BUSINESS

N/A

B. BRIEFLY DESCRIBED BUSINESS

CHAPTER OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED

7

Attached

STATISTICAL/ADMINISTRATIVE INFORMATION

Debtor estimates that funds will be available for distribution to unsecured creditors.

| | Range | (SARD CODE) |
|---------------------------------|-----------------|-------------|
| Number of Creditors: | 1-49 | (2) |
| Assets(thousands): | Under 50 | (1) |
| Liabilities (thousands) | 15-99 | (1) |
| Employees: | N/A | |
| Equity security holders: | N/A | |

NAME AND ADDRESS OF LAW FIRM OR ATTORNEY

FAUSTO G. TURRIN
 2534
 600 Central Plaza, suite 322
 Great Falls, MT. 59401
 (406) 761-7836

OTHER ATTORNEYS

THIS SPACE FOR COURT USE ONLY

| | |
|--|--|
| Voluntary Petition (This Page must be completed and filed in every case) | Name of Debtor: TARA LYNN HILL |
| Pending Bankruptcy Case Filed within Last 6 Years (if more than one, attach additional sheet) Location NONE Case Number: <u>N/A</u> Date filed: <u>N/A</u> | |
| Pending Bankruptcy Case filed by any Spouse, Partner or affiliate of this debtor (fi more than one, attach additional sheet) Name of Debtor: <u>N/A</u> Case Number: <u>N/A</u> Date Filed: <u>N/A</u> | |
| District: <u>N/A</u> | Relationship: <u>N/A</u> |
| <p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint</p> <p>I declare under penalty of perjury that the information provide in this petition is true and correct. [If the petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, and 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><u>X</u> <u>TARA LYNN HILL</u> TARA LYNN HILL</p> <p>Date: <u>9/20 /05</u></p> <p>Signature of Attorney</p> <p><u>X FAUSTO G. TURRIN</u> Fausto G. Turrin <u>TURRIN LAW OFFICE</u> FIRM NAME <u>600 Central Plaza, Suite 322</u> ADDRESS <u>Great Falls, MT. 59401</u> <u>(406) 761-7836 or (406) 452-4622</u> Date: <u>9/ 20 /05</u></p> | <p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g. forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 and 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><u> </u> Exhibit A is attached a made a part of this petition.</p> <hr/> <p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11 United States Code, and have explained the relief available under each such chapter.</p> <p><u>X FAUSTO G. TURRIN</u> <u>9/20/ 05</u> Fausto G. Turrin Date</p> <hr/> <p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><u> </u> Yes, and Exhibit C is attached and made a part of this petition</p> <p><u> </u> No</p> |

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provide in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of the 11, United States Code, specified in this petition.

X _____
Signature of authorized individual

Printed Name of Authorized individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C.

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. §110, that I prepared this document for compensation, and that I have provide the debtor with a copy of this document.

Printed name of Bankruptcy Petition Preparer

Social Security Number (Required by 11 U.S.C. §110©.)

Address

Names and social security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____

Signature of bankruptcy Petition Preparer

Dated

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

In re: TARA LYNN HILL Case No.

**UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF MONTANA
GREAT FALLS DIVISION**

SUMMARY OF SCHEDULES

| Schedule Name | | | | |
|--|---------------|-------------|-------------|-------------|
| X (marked if attached) | No. of Sheets | Assets | Liabilities | Other |
| <input checked="" type="checkbox"/> A- Real Property | 1 | \$ -0- | | |
| <input checked="" type="checkbox"/> B- Personal Property | 3 | \$ 3,325.00 | | |
| <input checked="" type="checkbox"/> C- Property claimed exempt | 2 | | | \$ 1,440.00 |
| <input checked="" type="checkbox"/> D- creditors holding secure d claims | 1 | | \$6,405.53 | |
| <input checked="" type="checkbox"/> E- Creditors holding unsecured Priority Claims | 1 | | \$ -0- | |
| <input checked="" type="checkbox"/> F- Creditors holding unsecured Non-priority Claims | 6 | | \$41,934.75 | |
| <input checked="" type="checkbox"/> G- Executory Contracts and Unexpired Leases | 1 | | \$0.00 | |
| <input checked="" type="checkbox"/> H- Codebtors | 1 | | -0- | |
| <input checked="" type="checkbox"/> I- Current Income of individual debtors | 2 | | | \$1,193.00 |
| <input checked="" type="checkbox"/> J- Current Expenditures of Individual Debtors | 2 | | | \$1,334.00 |
| Summary Sheet | 2 | | | |
| Total No. Sheets | 21 | | | |

| | | |
|-------------------------------|--------------|-------------|
| Assets | Total | |
| | \$3,315.00 | |
| Total Liabilities | | \$43,501.03 |
| Total No. of Creditors | | 12 |
| Excess Income (if any) | | -\$141.00 |

In re: TARA LYNN HILL

Case No.

SCHEDULE A- REAL PROPERTY

| DESCRIPTION OF PROPERTY | Current market value of debtor's interest in property without deducting any secured claim or exemption |
|---|--|
| Nature of debtors' interest in the property | Amount of Secured claim |

NONE

Total market value

\$-0-

In re: TARA LYNN HILL

Case No.

SCHEDULE B-PERSONAL PROPERTY

| TYPE OF PROPERTY | Current market value of debtor's interest in property |
|--------------------------------------|---|
| Description and Location of Property | without deducting any secured claim or exemption |

1. Cash on Hand. \$10.00

2. Checking, savings, or other financial accounts, certificates of deposits, or shares in banks, savings and loan, thrift building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.

Russell Country Federal Credit Union- \$20 (checking)

\$ 5.00(Share Account \$25.00

3. Security Deposits with public utilities, telephone companies, landlords, and others.

Eric Schultz

\$500

\$500.00

None__

4. Household goods and furnishings, including audio, video and computer equipment. Computer - \$100, VCR-\$10, DVD Player-\$15, Stereo- \$10, TV-\$25, microwave-\$20

2 night stands-\$10, coffee table-\$20, Bed-\$100, dresser-\$20, dining room table-\$100, desk-\$50, 2 book shelves-\$20
\$490.00

5. Books, pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.

20 textbooks-\$25, 45 CDs-\$45, 10 DVDs-\$20

15 VHS-tapes-\$15

\$ 105.00

None__

6. Wearing apparel . Clothing-\$50

\$ 50.00

7. Furs and jewelry. Costume Jewelry

\$25.00

8. Firearms, and sports, photographic and other hobby equipment.

None__ 35 mm Camera- \$10

\$10.00

9. Interests in Insurance Policies.

None__x

10. Annuities.

None__x

11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans.

None__x

12. Stock and interests in incorporated and unincorporated businesses.

None__x

13. Interests in partnerships or joint ventures.

None x

14. Government and corporate bonds and other negotiable and non-negotiable instruments.

None x

15. Accounts receivable.

None x

16. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled.

None x

17. Other liquidating debts owing debtor including tax refunds.

None x

18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Estate.

None x

19. Contingent and noncontingent interests in estate of decedent, death benefit plan, life insurance policy, or trust.

None x

20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor and rights to setoff claims.

Unknown x

21. Patents, copyrights, and other intellectual property.

None x

22. Licenses, franchises, and other general intangibles.

None x

23. Automobiles, trucks, trailers, and other vehicles or accessories. 1996 Dodge Neon- \$2,100 \$2,100.00

24. Boats, motors, and accessories.

None x

25. Aircraft and accessories.

None x

26. Office equipment, furnishings, and supplies.

None x

27. Machinery, fixtures, equipment, and supplies used in business.

None x

28. Inventory.

None x

29. Animals.

None x

30. Crops-growing or harvested.

None x

31. Farming equipment and implements.

None X

32. Farm supplies, chemicals, and feed.

None X

33. Other personal property of any kind not listed.

None

lawn mower-\$10

\$10

Total This Schedule \$ 3,325.00

In re: TARA LYNN HILL , Case No.

SCHEDULE C- PROPERTY CLAIMED EXEMPT

Debtors elect the exemption to which debtors are entitled under:

11 U.S.C. sec. 522 (b) (2)

Exemptions available under applicable non-bankruptcy federal laws, state and local laws where the debtors' domicile has been located for the 180 days immediately preceding the filing of the petition or for a longer portion of the 180 day period than in any other place, and the debtors' interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable non-bankruptcy law.

| DESCRIPTION OF PROPERTY | Current market value of debtor's interest in property without deducting any secured claim or exemption |
|---|--|
| Nature of debtors' interest in the property | Amount of Secured claim |

1. **Household Goods-** 2 night stands-\$10, coffee table-\$20, Bed-\$100, dresser-\$20, dining room table-\$100, desk-\$50, 2 book shelves-\$20

Market Value: \$ 320.00**Amount of Secured Claim: \$-0-****Debtors' interest: \$ 320.00****Value Exempt: \$600.00****Law: 25-13-609(1) M.C.A**

2. **Appliances-** Computer - \$100, VCR- \$10, Stereo- \$10, TV-\$25, microwave,\$20 DVD Player-\$15

Market Value: \$170.00**Amount of Secured Claim: \$-0-****Debtors' interest: \$ 170.00****Value Exempt: \$600.00****Law: 25-13-609(1) M.C.A**

3. **Clothing-** \$ 50.00

Market Value: \$100.00**Amount of Secured Claim: \$-0-****Debtors' interest: \$ 50.00****Value Exempt:****Law: 25-13-609(1) M.C.A****\$600.00**

4. **JEWELRY & FURS-** Costume Jewelry- \$25

Market Value: \$85.00**Amount of Secured Claim: \$-0-****Debtors' interest: \$25.00****Value Exempt:****Law: 25-13-609(1) M.C.A****\$600.00**

5. **Vehicles-**1996 Dodge Neon- \$2,100;

Market Value: \$ 2,100.00**Amount of Secured Claim: \$-0-**

Debtors' interest: 2,100.00

Value Exempt:

\$2,500

Law: 25-13-609(2) M.C.A.

Total Value of Debtor's Interest in Exempt Property

\$ 2,665.00

In re: TARA LYNN HILL ,

Case No.

SCHEDULE D- CREDITORS HOLDING SECURED CLAIMS

| Creditor's name and complete mailing address including zip code | Amount of claim without deducting value of collateral |
|---|---|
| Date Claim was incurred, nature of lien, and description and market value of property subject to the lien | Unsecured portion, if any |

Dell
PO BOX 6403
CAROL STREAM, IL 60197

Amount of Claim: \$1,566.28

Unsecured Portion: \$1,466.28

9/03 purchase money security
interest- desk top computer
Market Value: \$100

American General
1223 10th Avenue South
Great Falls, MT. 59405

Amount of Claim: \$3,645.00

2/04 non-purchase money security interest
Computer - \$100, VCR- \$10, Stereo- \$10, TV-\$25,
Market Value- \$ 145

Unsecured Portion:\$3,500

GENTRY FINANCE
2315 10TH AVENUE SOUTH
GREAT FALLS, MT. 59405

Amount of Claim: \$ 396.53

Dated: 4/04 non-purchase money security interest

Stereo- \$10, TV-\$25, Answering Machine- \$15
(Gave to friend because could not use after
going to cell telephone exclusively)

Market Value: \$50

Unsecured Portion:\$346.53

Amount of Claim: \$ 1,194.25

NOBLE FINANCE
107 5TH STREET NORTH
GREAT FALLS, MT. 59401

Dated: 4/04 non-purchase money security interest
VCR- \$10, Stereo- \$10, TV-\$25

Unsecured Portion:\$1,149.25

Market Value: \$45

Total amount of Claims: \$6,405.53

In re: TARA LYNN HILL**Case No.**

SCHEDULE E- CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

| | |
|---|-----------------------------|
| Creditor's name and complete mailing address including zip code | Amount entitled to priority |
| Dated claim was incurred and consideration for claim | Total amount of claim |

TYPES OF PRIORITY CLAIMS:

6. Wages, Salaries, and Commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2,000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provide in 11 U.S.C. sec. 507 (a)(4).

NONE

7. Contributions to Employer Benefit Plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first to the extent provide in 11 U.S.C. Sec. 507(a) (4).

NONE

8. Certain Farmers or Fishermen

Claims of certain farmers and fisherman, up to a maximum of \$2,000 per farmer or fisherman, against the debtor, as provided in 11 U.S. C. sect. 507 (a)(5).

NONE

9. Deposits by individuals

Claims against individuals up to a maximum of \$900 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. 507 (a)(6).

NONE

10. Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. Sec. 507(a) (7).

NONE

In re: TARA LYNN HILL Case No.

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's name and complete mailing address including zip code | Amount of claim |
|--|-----------------|
| Dated claim was incurred and consideration for claim. If claim is subject to setoff, so state. | |

Account number: d27905629

Dated :1/05

. Amount of Claim: \$ 70.21

**Benefis Healthcare
PO BOX 5096
Great Falls, MT. 59403**

Liable: Debtor

Consideration for Claim: Healthcare Services

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Account number: 4862362398788417

Dated: 12/03

Amount of Claim: \$ 348.24

**Capital One-Visa
PO BOX 60024
CITY OF INDUSTRY, CA 91716**

Liable: Debtor

Consideration for Claim: Living Expenses

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Account number: 0000000063402200

Date: 12/04

**FINGERHUT
PO BOX 166
NEWARK, NJ 07101**

Amount of Claim: \$682.15

Liable: Debtor

Consideration for Claim: MERCHANDISE

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Account number: 434325330709463

Dated 8/04

**FIRST INTERSTATE BANK-VISA
PO BOX 30918
BILLINGS, MT. 59116**

Amount of Claim: \$ 2,988.43

Liable: Debtor

Consideration for Claim: Living Expenses

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Account number: 00313710-10

Date: 1/05

**GREAT FALLS OB-GYN ASSOCIATES
PO BOX 6099
Great Falls, MT. 59406**

Amount of Claim: \$ 136.62

Liable: Debtor

Consideration for Claim: Medical Services

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Account number: 393853

Date: 1/05

**INCYTE PATHOLOGY
PO BOX 3405
SPOKANE, WA 99205**

Amount of Claim: \$ 81.34

Liable: Debtor

Consideration for Claim: Medical Services

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Account number: 1405-15

Liable: Debtor

Consideration for Claim: Merchandise

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Account number: 00341463

Date: 1/05

**RADIOLOGY MONTANA
401 15TH AVENUE SOUTH, SUITE 204
GREAT FALLS, MT. 59405**

Amount of Claim: \$33.70

Liable: Debtor

Consideration for Claim: Medical Services

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Account number: S2135951

Date: 1/05

**Sacred Heart Medical Center
101 WEST EIGHT AVENUE
SPOKANE, WA. 99204**

Amount of Claim: \$ 101.35

Liable: Debtor

Consideration for Claim: Medical Services

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:
CBS COLLECTIONS, INC.
PO BOX 5500
Spokane, WA 99406**

Account Number: Unknown

Date: 7/14/2004

**STUDENT ASSISTANCE FOUNDATION
PO BOX 5209
HELENA, MT. 59604-5209**

Amount of Claim: \$32,256.93

Liable: Debtor

Consideration for Claim: Student Loan

Claim is: Contingent and Unliquidated

**DUPLICATE LISTING OF DEBT-
COLLECTION AGENT OR ATTORNEY
FOR:**

Total this Schedule: \$ 41,934.75

In re: TARA LYNN HILL, **Case No.**

SCHEDULE G- EXECUTORY CONTRACTS AND UNEXPIRED LEASES

| Name and mailing address, including zip code, of other parties to lease or contract. | Description of contract or lease and nature of debtors' interest, State whether lease is for non-residential real property. State contract number of any government contract. |
|--|---|
| | |

NONE

In re: TARA LYNN HILL

Case No.:

SCHEDULE H- CODEBTORS

| | |
|--------------------------------|------------------------------|
| Nature and address of codebtor | Name and address of creditor |
|--------------------------------|------------------------------|

None

In re: TARA LYNN HILL

Case No.:

SCHEDULE I- CURRENT INCOME OF INDIVIDUAL DEBTORS

DEBTORS' MARITAL STATUS:

Single

DEPENDENTS OF DEBTORS:

Name, age and relationship: None

EMPLOYMENT:
Occupation: CNA**Employer name: Benefis****How long employed: 2 years****Address of Employer: 500 15th Avenue South
Great Falls, MT. 59405****Occupation: CNA****Employer name: ACCESSIBLE SPACE INC.****How long employed: 5/04- present****Address of Employer: 615 Oasis Court
Great Falls, MT. 59405**

| INCOME: | Benefis | Accessible Living |
|---|----------------|------------------------------|
| Current monthly gross wages, salary, commissions | \$1,000.00 | \$498.00 |
| Estimated monthly overtime | | |
| SUBTOTAL | | \$ 1,498.00 |
| LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and social security | \$162.00 | <u>\$ 38.00</u> |
| b. Insurance | \$100.00 | |
| c. Union dues | | |
| d. Other: | | |
| Meals | <u>\$ 5.00</u> | |

| | | | |
|--|-----------------|----------------|-------------------|
| SUBTOTAL OF DEDUCTIONS | <u>\$267.00</u> | <u>\$38.00</u> | |
| | | | <u>\$ 305 .00</u> |
| TOTAL NET MONTHLY TAKE HOME PAY | | | \$1,193.00 |

Regular income from operation of business or profession or farm (See attachment to Schedule J)

Income from real property

Interest and dividends

Alimony, maintenance, or support payments payable to the debtors for the debtors' use or that of dependents listed above

Social Security or other government assistance:

Child Support

Pension or retirement income

Other monthly income:

1

| | |
|----------------------|---------|
| TOTAL MONTHLY INCOME | \$1,193 |
|----------------------|---------|

| | |
|-------------------------------|---------|
| TOTAL COMBINED MONTHLY INCOME | \$1,193 |
|-------------------------------|---------|

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

NONE

In re: TARA LYNN HILL

Case No.:

SCHEDULE J- CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

The following expenditures are for : the household

| | |
|-------------------------------------|--------|
| Rent/home mortgage payments: | 250.00 |
|-------------------------------------|--------|

REAL ESTATE TAXES x ARE/ ARE NOT INCLUDED

PROPERTY INSURANCE x IS/ IS NOT INCLUDED

Home maintenance:

Food:

| | | |
|------------|--|--------|
| Utilities: | Electricity and heating fuel:gas-\$100, electricity-\$20 | 120.00 |
| | Water and sewer: | -0- |
| | Telephone & Cell Phone: | 70.00 |
| | Garbage: | -0- |
| | Security: | -0- |
| | Cable: | 35.00 |
| | Other: | |
| | Storage | -0- |
| | Internet | 30.00 |

| | |
|---|--------|
| Maintenance: | -0- |
| Food: | 150.00 |
| Clothing: | 50.00 |
| Laundry and dry cleaning: | 20.00 |
| Medical and dental expenses: | 50.00 |
| Transportation: gas \$45.00, maintenance- \$100.00 | 145.00 |
| Recreation, clubs, and entertainment, newspapers, magazines, etc.: | 12.00 |
| Charitable contributions: | -0- |
| Insurance: | |
| Homeowner's or renter's | 21.00 |
| Life: | -0- |
| Health: | -0- |
| Auto: | 53.00 |
| Other: | |
| NONE | |

TAXES:

| | |
|--|----------|
| Real Estate Taxes: | -0- |
| Federal Income Taxes: | -0- |
| State Income Taxes: | -0- |
| Vehicle Taxes: | 53.00 |
| Installment payments: | |
| Auto: | -0- |
| Other: | |
| Student Loan | \$361.00 |
| Dell | \$ 48.00 |
| Alimony, maintenance, and support paid to others: | |
| Child Support taken from pay- | -0- |

| | |
|--|-----|
| Payments for support of additional dependents not living at your home: | -0- |
|--|-----|

| | |
|--|-----|
| Regular expenses from operation of business profession, or farm: | -0- |
| (See ATTACHMENT TO SCHEDULE J) | |

| | |
|-----------------------------|-------|
| Other: | |
| Household cleaning supplies | 20.00 |
| yard care | 5.00 |
| Personal Hygiene | 40.00 |
| Pet Food | 10.00 |
| Haircut | 5.00 |

TOTAL MONTHLY EXPENSES: \$ **1,334**

In re: TARA LYNN HILL

Case No.:

(The penalties for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both, -18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, TARA LYNN HILL, named as the debtor in this case, declare under penalty of perjury that I have read the foregoing Summary and Schedules, consisting of 24 sheets, and that is true and correct to the best of my information and belief.

Signature: x TARA LYNN HILL

Date: 9/20 /05

 TARA LYNN HILL

GREAT FALLS DISTRICT OF MONTANA

In re: TARA LYNN HILL
Debtor

Case No. _____

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. **If the answer to an applicable question is "None," state "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of the calendar year to the date this case was commenced. State also the gross amount received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained financial records on the basis of fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None _____

| Year | Amount | Source (if more than one) |
|------|-------------------------|-----------------------------------|
| 2005 | \$5,893.63 \$ 675.46 | Benefis Accessible Space, Inc. |
| 2004 | \$12,062.00 | Benefis |
| 2003 | \$ 6,311.00 | Benefis |

2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None x _____

| Year | Amount | Source |
|------|--------|--------|
| 2005 | | |
| 2004 | | |
| 2003 | | |

3. Payments to creditors

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None x

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|------------------|-------------|--------------------|
|------------------------------|------------------|-------------|--------------------|

b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None x

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENT | AMOUNT PAID \$200/MO. | AMOUNT STILL OWING |
|------------------------------|------------------|--------------------------|--------------------|
|------------------------------|------------------|--------------------------|--------------------|

4. Suits and administrative proceedings

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None x

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION YELLOWSTONE COUNTY | STATUS OR DISPOSITION |
|------------------------------------|----------------------|---|--------------------------|
|------------------------------------|----------------------|---|--------------------------|

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None X

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|--|-----------------|---|
|--|-----------------|---|

5. Repossession, foreclosure and returns

List all property that has been repossessed by creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None X

| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|---|---|---|
|---|---|---|

6. Assignment and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated a joint petition is not filed.)

None x

NAME AND ADDRESS
OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF
ASSIGNMENT
OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition in not filed.)

None x

NAME AND ADDRESS

NAME AND LOCATION

DESCRIPTION

OF CUSTODIAN

OF COURT
CASE TITLE & NUMBER

DATE OF AND VALUE
OF PROPERTY

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must including fits or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None X

NAME AND ADDRESS
OF PERSON
OR ORGANIZATION

RELATIONSHIP
TO DEBTOR
IF ANY

DATE
OF GIFT

DESCRIPTION
AND VALUE
OF GIFT

8. Losses

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None x

DESCRIPTION
AND VALUE OF
PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF
LOSS WAS COVERED IN WHOLE OR IN PART
BY INSURANCE, GIVE PARTICULARS

DATE OF
LOSS

-

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

None _____

NAME AND ADDRESS
OF PAYEE

DATE OF PAYMENT,
NAME OF PAYOR IF
OTHER THAN DEBTOR

AMOUNT OF MONEY OR
DESCRIPTION AND VALUE
OF PROPERTY

Fausto G. Turrin
600 Central Plaza, Suite 322
Great Falls, MT. 59401

8/05-9/05

\$500.00+\$209.00 court costs

10. Other Transfers

List all property, other than property transferred in the ordinary course of business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None X

| NAME AND ADDRESS OF TRANSFEREE RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|--|------|--|
|--|------|--|

11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None x

| NAME AND ADDRESS OF INSTITUTION | TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|------------------------------------|--|--|
|------------------------------------|--|--|

12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuable within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None x

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAME AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER IF ANY |
|--|--|-------------------------------|--|
|--|--|-------------------------------|--|

13. Setoffs

List all setoffs made by made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None x

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|-------------------|---------------------|
|------------------------------|-------------------|---------------------|

14. Property held for another person

List all property owned by another person that the debtor holds or controls.

None

| NAME AND ADDRESS | DESCRIPTION AND VALUE |
|------------------|-----------------------|
|------------------|-----------------------|

| OF OWNER | OF PROPERTY | LOCATION OF PROPERTY |
|---|--|---|
| Luke O' Meara 1000 6 th Avenue N.W. Great Falls, MT. 59404 | Guns in storage case | 1923 Chicago Avenue Black Eagle, MT. 59414 |
| Casey O' Meara 1923 Chicago Avenue Black Eagle, MT. 59414 | Most of Household Furnishings washer, dryer, stereo, TV, VCR, action figures, 400 CDs, dog | 1923 Chicago Avenue Black Eagle, MT. 59414 |
| Erie Schultz 7 2 nd Street South, Suite 4 Great Falls, MT. 59405 | Trailer, stove, dishwasher, refrigerator | 1923 Chicago Avenue Black Eagle, MT. 59414 |

15. Prior address of debtor

If the debtor has moved within **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate addresses of either spouse.

None _____

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---|-----------|--------------------|
| 1923 Chicago Avenue Black Eagle, MT. 59414 | Tera Hill | 9/04 to present |
| 112 12 th Street Black Eagle, MT. 59414 | Tara Hill | 3/04-9/04 |
| 212 7 th Street S.W. Great Falls, MT. 59404 | Tara Hill | 10/2001-3/2004 |

16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six**

year period immediately preceding the commencement of this case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

None x

NAME

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None x

| | | |
|-------------|---------------------------------|-----------------------|
| SITE NAME | NAME AND ADDRESS | DATE OF ENVIRONMENTAL |
| AND ADDRESS | OF GOVERNMENTAL UNIT NOTICE LAW | |

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None x

| | | |
|-------------|---------------------------------|-----------------------|
| SITE NAME | NAME AND ADDRESS | DATE OF ENVIRONMENTAL |
| AND ADDRESS | OF GOVERNMENTAL UNIT NOTICE LAW | |

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was party. Indicate the name and address of the governmental unit that is or was party to the proceeding, and the docket number.

None x

| | | |
|----------------------|---------------|-------------|
| NAME AND ADDRESS | DOCKET NUMBER | STATUS OR |
| OF GOVERNMENTAL UNIT | | DISPOSITION |

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

None X

| | | | | |
|------|----------|---------|--------------------|---------------|
| NAME | TAXPAYER | ADDRESS | NATURE OF BUSINESS | BEGINNING AND |
| | I.D. NO. | | | ENDING DATES |

b. Identify any business listed in response to subdivision a. above, that is "single asset estate" as defined in 11 U.S. C. §101.

None x

| | |
|------|---------|
| NAME | ADDRESS |
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

a. List all bookkeepers and accountants within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and record of the debtor.

None x

| | |
|------------------|------------------------|
| NAME AND ADDRESS | DATE SERVICES RENDERED |
|------------------|------------------------|

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None x

| NAME | ADDRESS | DATE SERVICES RENDERED |
|------|---------|------------------------|
|------|---------|------------------------|

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None x

| NAME | ADDRESS |
|------|---------|
|------|---------|

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

None x

| NAME AND ADDRESS | DATE ISSUED |
|------------------|-------------|
|------------------|-------------|

20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None X

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY (specify cost, market or other basis) |
|-------------------|----------------------|---|
|-------------------|----------------------|---|

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

None x

| DATE OF INVENTORY | NAME AND ADDRESS OF CUSTODIAN OF THE INVENTORY RECORDS |
|-------------------|--|
|-------------------|--|

21. Current Partners, Officers, Directors and Shareholders

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None x

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or hold 5 percent or more of the voting or equity securities of the corporation.

None x

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE OF STOCK OWNERSHIP |
|------------------|-------|---|
|------------------|-------|---|

22. Former partners, officers, directors and shareholders

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None x

| | | |
|------|---------|--------------------|
| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

None x

| | | |
|------------------|-------|---------------------|
| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|

23. Withdrawals from a partnership or distributions by a corporation

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

None x

| | | |
|--|-----------------------------------|--|
| NAME & ADDRESS OF RECIPIENT RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--|-----------------------------------|--|

24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

None x

| | |
|----------------------------|---------------------------|
| NAME OF PARENT CORPORATION | TAX IDENTIFICATION NUMBER |
|----------------------------|---------------------------|

25. Pension Funds.

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

None x

| | |
|----------------------|--------------------------------|
| NAME OF PENSION FUND | TAXPAYER IDENTIFICATION NUMBER |
|----------------------|--------------------------------|

(If completed by an individual or individual and spouse)

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

DATE 9/ 20 /05

Signature X TARA LYNN HILL
Of debtor **TARA LYNN HILL**

DATE _____

Signature _____
Of Joint Debtor
(If any)

(If completed on behalf of a partnership or corporation)

I, declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments

thereto and that they are true and correct to the best of my knowledge, information and belief.

Dated _____

Signature _____

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

_____ continuations sheets attached

Penalty for making a false statement : Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and 3571

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PREPARER (see 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or typed name of Bankruptcy Petition Preparer

Social Security No.

Address

Name and Social Security Number of other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X _____
Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines and imprisonment or both. 18 U.S.C. § 156.

FAUSTO G. TURRIN 1576
600 Central Plaza, Suite 322
Great Falls, MT. 59401
(406) 761-7836
Attorney for the petitioner

**UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF MONTANA
GREAT FALLS DIVISION**

In re.: **TARA LYNN HILL ,**

Social Security No. ____ - ____ -8955

Case No.

Rule 2016(b)- Statement of Attorney Compensation
Chapter: 7

Debtor

Pursuant to 11 U.S.C. sec. 329 and Rule 2016 (b), Bankruptcy Rules, the undersigned attorney for the debtors in this case makes this statement setting forth the compensation and or agreed to be paid to the undersigned for services rendered or to be rendered in contemplation of and in connection with the case by the undersigned, and the source of such compensation.

11. Prior to the filing of this disclosure statement, the debtors in this case have paid to the undersigned the following:

The sum of \$450.00 dollars plus \$209.00 for the filing fee in this case.

The source of the PAID sum was: Debtor's earnings

12. In addition, the debtors agreed to pay the following:

Not Applicable

13. The undersigned has not shared or agreed to share any portion of such compensation with any other person who is not a member or regular associate of the undersigned's firm.

14. The undersigned has not received any other payment in this case, and has no other agreement, except as set out herein.

Signature: X FAUSTO G. TURRIN
Fausto G. Turrin
1576

Date: 9/20 /05

**UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF MONTANA
GREAT FALLS DIVISION**

In re: **TARA LYNN HILL** , Case No.
Social Security No. ____ - ____ -8955

Case No.
Notice of Available Chapters
Chapter: **7**

Debtor

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7- Liquidation, or

Chapter 11- Organization, or

Chapter 12- Adjustment of Debts of a Family Farmer With Regular Annual Income, or

Chapter 13- Adjustment of Debts of an Individual With Regular Income

If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

FAUSTO G. TURRIN
600 Central Plaza, Suite 322
Great Falls, MT. 59401
(406) 761-7836

Attorney for the petitioner

**UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF MONTANA
GREAT FALLS DIVISION**

In re: TARA LYNN HILL ,

Social Security No. ____ - ____ -7985

Individual Debtor's Statement of Intention

Case No.

Chapter: 7

Debtor

We, the debtors, have filed a schedule of assets and liabilities which include consumer debts secured by property of the estate.

Our intention with respect to the property of the estate which secures those consumer debts is as follows:

a. Property to be surrendered.

None

b.

Property to be retained.

NONE

The property is claimed exempt and will be redeemed pursuant to section 722.

Lien will be avoided pursuant to sec. 522 (f) and property claimed as exempt. (Redeem)

| Description of property | Creditor's name and address |
|--|---|
| desk top computer Market Value: \$100 | Dell PO BOX 6403 CAROL STREAM, IL 60197 |

Nonpossessory, nonpurchase-money security interest (N.P.M.S.I. lien)

| Description of property | Creditor's name and address |
|--|---|
| <p>Computer - \$100, VCR- \$10, Stereo- \$10, TV-\$25, Market Value- \$ 145</p> | <p>American General 1223 10th Avenue South Great Falls, MT. 59405</p> |
| <p>Stereo- \$10, TV-\$25, Answering Machine- \$15 (Gave to friend because could not use after going to cell telephone exclusively)</p> <p>Market Value: \$50</p> | <p>GENTRY FINANCE 2315 10TH AVENUE SOUTH GREAT FALLS, MT. 59405</p> |
| <p>VCR- \$10, Stereo- \$10, TV-\$25</p> <p>Market Value: \$45</p> | <p>NOBLE FINANCE 107 5TH STREET NORTH GREAT FALLS, MT. 59401</p> |

FAUSTO G. TURRIN
 600 CENTRAL PLAZA, SUITE 322
 Great Falls, MT. 59401
 (406) 761-7836
Attorney for petitioner

1576

**UNITED STATES BANKRUPTCY COURT FOR THE
 DISTRICT OF MONTANA
 GREAT FALLS DIVISION**

In re: **TARA LYNN HILL**,
Debtor,
Social Security No. ____-____-8955

Case No.
 Numbered Listing of Creditors

Chapter: 7

| Creditor name and mailing | Category of claim | Amount of claim |
|---|-------------------|-----------------|
| 1. American General 1223 10 th Avenue South Great Falls, MT. 59405 | Unsecured Claim | \$3,645.00 |
| 2. Benefis Healthcare PO BOX 5096 Great Falls, MT. 59403 | Unsecured Claim | \$ 70.21 |
| 3. Capital One-Visa PO BOX 60024 CITY OF INDUSTRY, CA 91716 | Unsecured Claim | \$348.24 |
| 4. FINGERHUT PO BOX 166 NEWARK, NJ 07101 | Unsecured Claim | \$682.15 |
| 5. FIRST INTERSTATE BANK-VISA PO BOX 30918 BILLINGS, MT. 59116 | Unsecured Claim | \$ 2,988.43 |
| 6. GENTRY FINANCE 2315 10 TH AVENUE SOUTH GREAT FALLS, MT. 59405 | Unsecured Claim | \$396.53 |
| 7. GREAT FALLS OB-GYN ASSOCIATES PO BOX 6099 Great Falls, MT. 59406 | Unsecured Claim | \$ 136.62 |
| 8. INCYTE PATHOLOGY PO BOX 3405 SPOKANE, WA 99205 | Unsecured Claim | \$ 81.34 |
| 9. NOBLE FINANCE 107 5 TH STREET NORTH GREAT FALLS, MT. 59401 | Unsecured Claim | \$ 1,194.25 |
| 10. RADIOLOGY MONTANA | Unsecured Claim | \$33.70 |

401 15TH AVENUE SOUTH, SUITE 204
GREAT FALLS, MT. 59405

| | | | |
|-----|--|-----------------|-------------|
| 11. | Sacred Heart Medical Center 101 WEST EIGHT AVENUE SPOKANE, WA. 99204 | Unsecured Claim | \$ 101.35 |
| 12. | STUDENT ASSISTANCE FOUNDATION PO BOX 5209 HELENA, MT. 59604-5209 | Unsecured Claim | \$32,256.93 |

(The penalties for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both-18 U.S.C. Secs. 152 and 3571)

DECLARATION

I, TARA LYNN HILL, named as the debtor in this case, declare under penalty of perjury that I have read the foregoing Numbered Listing of Creditors, consisting of 2 sheets, and it is true and correct to the best of my information and belief.

Signature: X TARA LYNN HILL
TARA LYNN HILL

Date: 9/20 /05

American General
1223 10th Avenue South
Great Falls, MT. 59405

Benefis Healthcare
PO BOX 5096
Great Falls, MT. 59403

Capital One-Visa
PO BOX 60024
CITY OF INDUSTRY, CA 91716

CBS COLLECTIONS, INC.
PO BOX 5500
Spokane, WA 99406

Department of Revenue
PO BOX 6308
HELENA, MT. 59604

FINGERHUT
PO BOX 166
NEWARK, NJ 07101

FIRST INTERSTATE BANK-VISA
PO BOX 30918
BILLINGS, MT. 59116

GENTRY FINANCE
2315 10TH AVENUE SOUTH
GREAT FALLS, MT. 59405

GREAT FALLS OB-GYN ASSOCIATES

PO BOX 6099
Great Falls, MT. 59406

INCYTE PATHOLOGY
PO BOX 3405
SPOKANE, WA 99205

TARA LYNN HILL .
1923 CHICAGO AVENUE
Great Falls, MT. 59405

NOBLE FINANCE
107 5TH STREET NORTH
GREAT FALLS, MT. 59401

RADIOLOGY MONTANA
401 15TH AVENUE SOUTH, SUITE 204
GREAT FALLS, MT. 59405

Sacred Heart Medical Center
101 WEST EIGHT AVENUE
SPOKANE, WA. 99204

STUDENT ASSISTANCE FOUNDATION
PO BOX 5209
HELENA, MT. 59604-5209

FAUSTO TURRIN
600 Central Plaza, Suite 322
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Great Falls, MT. 59401
(406) 761-7836
Attorney for the petitioners

**UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF MONTANA
GREAT FALLS DIVISION**

In re.: **TARA LYNN HILL** ,

Case No.

Debtor

Mailing Matrix

Social Security No.: _____ - ____ - 8955

Chapter: 7

(The penalties for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment of up to 5 years or both.- 18 U.S.C. Secs 152 and 3571.)

DECLARATION

I, TARA LYNN HILL , named as the debtor in this case, declare under penalty of perjury that I have read the foregoing mailing matrix, consisting of 2 sheets, and that it is true and correct to the best of my information and belief.

Signature x TARA LYNN HILL Date: 9/20 /05
TARA LYNN HILL